

**MAINE DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INTEGRATED ACCESS & SUPPORT**

Request for Assistance

Received Date: _____

If your primary language is not English, please list: _____

To file this application right away, give us your **name, address, and signature (or that of an authorized representative). If eligible, your benefits will begin the date this information is received.**

Your Name (First, Middle Last)	Social Security #	Birth date: (Month/Day/Year)	
Mailing Address : Street, PO Box, RR or RFD (Include apartment number, care of, etc.)			
City	State	Zip Code	Telephone/Message Number
Street, address and town where you actually live, if different			

I would like to apply for whatever help I can get with:

- ☐ Medical Services ☐ Long Term Care ☐ Cash Assistance
☒ Food Assistance - If you want [Food Stamp assistance, complete the section in blue.](#)

If your household has little or no income, you may be able to get Food Stamps within a few days. Just answer the following questions, and sign this application form.

Are all household members homeless <u>and</u> without free shelter?	No ____ Yes ____
Do you pay separate for heat?	No ____ Yes ____
Did all of the household income stop recently?	No ____ Yes ____
Is anyone in your household a migrant or seasonal farm worker?	No ____ Yes ____
Has anyone received HEAP Fuel Assistance at your current residence since last October?	No ____ Yes ____
How many people, including yourself, live in your home and purchase and prepare meals with you?	_____
What is the total income you expect your household to receive this month?	\$ _____
How much do the members of your household have in cash or savings?	\$ _____
How much is your rent or mortgage?	\$ _____
How much are your utilities?	\$ _____

On the back there are things you need to know before applying. Please read.

Applicant's Signature

Date

If you have a guardian, conservator or someone who knows your situation, and you would like us to contact them to help with this application, please complete the following:

Name _____ Address _____

Telephone _____

Estate Recovery:

If you receive benefits from MaineCare after age 55, and certain conditions exist, the Estate Recovery Program will make a claim against the assets of your estate to recover money MaineCare has paid for your care. Estate assets can include real property, including jointly owned property, insurance payments, annuities, any property left to an heir, survivor or assignee. No claim will be made if the only service you receive is the Medicare Buy-In.

For more information about the Estate Recovery Program, call 1-800-572-3839.

Assignment of Rights - MaineCare:

When MaineCare pays a medical bill, the Department has the right to get payment for that bill from other sources. Examples of these sources, like insurance, injury settlements, or payments from worker's compensation.

Assignment of Rights – TANF or TANF/PaS:

To get TANF, you must assign your support rights to the Department. You do not have to assign your rights if there is a threat to you or your family.

Paternity:

We need to know the legal parents of each child you are applying for. We may ask for your help to get this information.

Information Verification:

The Department uses the federal government's Income and Eligibility Verification System. The system matches information about all sources of income, including retirement benefits, with the Maine Employment Security Commission, the Social Security Administration, the Railroad Retirement Board, and the IRS.

Citizenship:

The Department of Health and Human Services may ask you for documents to verify citizenship status of each household member who applies for benefits.

Americans with Disabilities Act (ADA):

If you need an interpreter or materials in an alternative format, such as Braille or large print, see the receptionist or ask the Eligibility Specialist.

Repayment:

If you get more TANF or Food Stamp benefits than you should, you must repay the Department even if it was our mistake.